

EXHIBIT “B”

HIDALGO COUNTY AUDITOR'S OFFICE

Instructions For Coronavirus Relief Fund Reimbursement Request Form

GENERAL INSTRUCTIONS

Please complete all sections of the Reimbursement Request Form and forward the completed form along with supporting documentation via:

email: COVID-19@auditor.co.hidalgo.tx.us
mail: HIDALGO COUNTY AUDITOR
ATTN: ACCOUNTS PAYABLE DIVISION
Hidalgo County Administration Building
2808 South Business Highway 281
Edinburg, Texas 78539-6243

Please note that the review process takes anywhere from 10 to 30 days to complete. All payments will be paid via check.

Section 1: Entity Contact Information

1. **Entity Name:** Enter the name of the entity .
2. **Contact Name:** Enter the name of the person we should contact for questions related to the reimbursement request and/or supporting documentation.
3. **Contact Title:** Enter the title of the contact person.
4. **Mailing Address:** Enter the mailing address where reimbursement checks should be mailed.
5. **Contact Phone:** Enter the Contact's phone number (and ext., if applicable.)

Section 2: Coronavirus Relief Fund Expenditure Information

6. **Report Period:** Enter the beginning and ending dates of the period covered by reimbursement request.
The Begin Date should not predate March 1, 2020 and the End Date should not postdate August 31, 2020.
7. **Payment Request No.:** Requests for reimbursement can be made by completing multiple request forms. Each request should be sequentially numbered using the first 3 letters of the entity and the number of the request. For example, the City of McAllen would number its first payment request form as MCA-1, the second payment request form as MCA-2, and so on. For ease of review and to expedite payments, it is preferred that each request be limited to one category of expense.
8. **Expense Category:** Indicate the type of expenditures for which reimbursement is being requested by checking the appropriate category of expense.
9. **Amount Paid:** Enter the dollar amount of expenditures being requested for reimbursement. Documentation that is required to be submitted to support this amount includes, but is not limited to: cancelled checks; invoices; payroll records; personnel policies; purchasing policies; bid documents or cooperative purchasing agreements for payments exceeding \$50,000; eligibility criteria and documents demonstrating that recipient was eligible for payments made to businesses, etc.
10. **Description of Expense(s):** Enter a narrative description of the type of expenses included for the category. If additional space is needed a separate letter can be submitted. If a separate letter is submitted, please make reference to the separate letter on this item (e.g., See attached Letter).

Section 3: Assurances

11. Indicate by checking either the **Yes** or **No** box whether the expenditures reported in Section 2 were incurred due to the public health emergency with respect to COVID-19.
12. Indicate by checking either the **Yes** or **No** box whether the expenditures reported in Section 2 were not accounted for in the budget most recently approved as of March 27, 2020 by your entity .
13. Indicate by checking either the **Yes** or **No** box whether the expenditures reported in Section 2 were incurred (paid) during the period that begins March 1, 2020 and ends on August 31, 2020.
14. Indicate by checking either the **Yes** or **No** box whether any part of the expenditures reported in Section 2 has been reimbursed by insurance, legal settlement, or any other emergency COVID-19 supplemental funding (whether federal, state, or private in nature).

Section 4: Certification

15. **Name:** Enter the name of the authorized representative signing this form.
16. **Title:** Enter the title of the authorized representative signing the form.
17. **Signature:** Original signature of the authorized representative is required.
18. **Date:** Enter or print the date the form was signed.

Section 5: For County Use Only

19. **Reviewed by:** Original signature of the employee responsible for reviewing the form and supporting documentation.
20. **Name:** Print the name of the reviewer.
21. **Date:** Print the date the review was completed.



HIDALGO COUNTY AUDITOR'S OFFICE

Coronavirus Relief Fund

Reimbursement Request Form

All parts of this form must be completed by the Entity. *Incomplete forms will be returned.*
 The information must be legible. Please refer to the instructions page for proper completion of this form.

Entity CONTACT INFORMATION			
SECTION 1	1. Entity Name:	2. Contact Name:	3. Contact Title:
	4. Mailing Address: (Street, city, state and ZIP code)		5. Contact Phone: _____ ext. _____

CORONAVIRUS RELIEF FUND EXPENDITURE INFORMATION				
SECTION 2	6. Report Period:	Begin Date	End Date	7. Payment Request No.: _____
	8. Expense Category (check one)		9. Amount Paid:	10. Description of Expense(s):
	<input type="checkbox"/> Category 1 Medical expenses			
	<input type="checkbox"/> Category 2 Public health expenses			
	<input type="checkbox"/> Category 3 Payroll expenses for employees whose services are substantially dedicated to mitigating or responding to the COVID-19 emergency			
	<input type="checkbox"/> Category 4 Expenses to facilitate compliance with COVID-19 related public health measures			
	<input type="checkbox"/> Category 5 Expenses for economic support in connection with the COVID-19 public health emergency			
<input type="checkbox"/> Category 6 Other COVID-19-related expenses reasonably necessary to the function of government				
TOTAL			\$ 0.00	



HIDALGO COUNTY AUDITOR'S OFFICE

Coronavirus Relief Fund

Reimbursement Request Form

All parts of this form must be completed by the Entity. *Incomplete forms will be returned.*
 The information must be legible. Please refer to the instructions page for proper completion of this form.

	ASSURANCES				
SECTION 3	11. Were the expenditures reported above necessary expenditures incurred due to the public health emergency with respect to COVID-19?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	12. Were the expenditures reported above not accounted for in the budget most recently approved as of March 27, 2020 for your Entity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	13. Were the expenditures reported above incurred (paid) during the period that begins on March 1, 2020 and ends on August 31, 2020?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	14. Has any part of the expenditures reported above been reimbursed by insurance, legal settlement, or any other emergency COVID-19 supplemental funding (whether federal, state, or private in nature)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

	CERTIFICATION	
SECTION 4	The undersigned hereby certifies under penalties of perjury that this request for reimbursement from the Coronavirus Relief Fund is true, complete, and accurate and the expenditures reported are in compliance with all conditions of section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"). I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties.	
	15. Name: _____	16. Title: _____
	17. Signature: _____	18. Date: _____

	SUBMISSION INFORMATION	FOR COUNTY USE ONLY
SECTION 5	Submit completed form and supporting documentation via:	19. Reviewed by: _____ <div style="text-align: center;">(Signature)</div> 20. Name: _____ 21. Date: _____
	email: COVID-19@auditor.co.hidalgo.tx.us	
	mail: Hidalgo County Auditor's Office Hidalgo County Administration Building 2808 South Business Highway 281 Edinburg, Texas 78539-6243	